



TRU-WAY COMMUNITY CENTER INC.

Afterschool Educational Student Enrollment Form

2056 Genesee Street

Buffalo, New York 14211

School Year 2026 - 2027

STUDENT'S INFORMATION

Date: _____

First Name: _____ Last Name: _____

Address: _____ City: _____

Zip Code: _____ Home Phone: _____

Cell Number: _____

BPS Student ID (900) #: _____ Date of Birth: _____ Age: _____

School: _____ Grade: _____

Native Language: _____

PARENT/GUARDIAN INFORMATION Name: _____

Relationship: _____ Native Language: _____

Home Number: _____ Cell Number: _____

Work Number: _____ Name: _____

Relationship: _____ Native Language: _____

Home Number: _____ Cell Number: _____

Work Number: _____

EMERGENCY CONTACT Name: _____

Relationship: _____ Home Number: _____

Cell Number: _____ Work Number: _____

Name: _____

Relationship: _____ Home Number: _____

Cell Number: _____ Work Number: _____

STUDENT MEDICAL INFORMATION Known Allergies:

_____ Other known
medical conditions: _____

PERMISSIONS AND CONSENTS _____ Field Trips: I consent for my child to participate in field trips away from the facility. (Initial) _____ Emergency Medical Treatment: In the event of an emergency or injury, I give permission for (Initial) my child to be treated by a medical professional at the nearest medical clinic or hospital. I _____ also give permission for my child not to be treated at a medical facility if a staff person of _____ the summer camp program can treat him/her, or deems it not necessary to transport him/her to the hospital (the summer camp will have a staff member trained in First Aid and CPR).

_____ Media: I approve pictures, video recording, etc. to be taken of my child at the summer camp (Initial) _____ program, and to be used in any marketing efforts and all publications, including social media.

Signature of Parent/Guardian: _____ Date: _____

DISMISSAL

_____ My child is a walker, and will be dismissed to walk home alone at the end of Tru Way C.C. (Initial) _____ program.

_____ I will pick my child up DAILY from the Tru-Way C. C. program no later than 5 minutes after the (Initial) _____ scheduled dismissal time. I will enter the site and sign my student out each day. I understand that I must arrive within the scheduled pick up time or local enforcement authorities will be contacted.

The following are the **ONLY** other individuals authorized to pick up my child from Tru-Way C.C. Afterschool Program:

*Name: _____ Relationship: _____

Home Number: _____ Cell Number: _____ Work Number: _____

*Name: _____ Relationship: _____

Home Number: _____ Cell Number: _____ Work Number: _____

*This person must present valid photo ID before the student will be released.

I understand that participation in this program involves certain inherent risks of injury, despite all safety precautions taken by staff. Therefore, as the guardian I will assume all risks, injury, or illness, for my child that may occur during the participation in activities. I certify that my child is fully covered by medical insurance and/or that I am financially responsible for costs associated with any medical/dental treatment. I agree to hold harmless Tru-Way C.C., collaborating organizations, their respective subsidiaries or affiliates, or their respective management, agents, employees, directors, officers, and other representatives in the event of injury to my child.

I HAVE READ AND I UNDERSTAND THIS AGREEMENT AND VOLUNTARILY SIGN THIS INDEMNITY AGREEMENT.

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____ Date: _____